PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 6:35 pm	Counseling room no. 2	Dr. Anupama Dr. Avinash
	Patient's attendants have been counseled about the condition of the child i.e, → child's condition of ~~the child~~ is very critical, li → There is severe swelling of brain, compromising function of critical areal of brain in brainstem. → The chances of reversibility of brain injury from here is very less. → we have sent some blood investigations. → Her previous lab reports done outside show liver injury. → we will continue on ventilation, medical management, we might have to do dialysis support, we are giving steroids for immunomodulation. → She has no signs of brainstem function. Her pupils are dilated, not reacting to light. She is not breathing spontaneously. → This is the first point of examination. To declare brain death, we need to examine at time intervals over 24 hrs. → Her condition is very critical, there is risk of death anytime.	

Dr. pratyusha

S. Sai Lahari
(Intern)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

Bed – 8

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/25 7:08pm	Counselling Note	Dr Apoorva (Paed. Neurology) Dr Avinash
	↳ child had fever illness with rapidly progressive encephalopathy with in 36hrs	
	→ Rapid deterioration of sensorium with posturing, Raised Resp signs.	
	→ Brain stem dysfunction — Absent pupillary responses, Nullieye, Spontaneous breathing efforts, conjugate reactivity to pain, motor responses	
	→ CT brain → Diffuse cerebral edema and Brain stem edema. ↓ loss of external spaces around — slo herniation (early signs)	
	→ child is requiring Inotropic support. child has severe coagulopathy.	
	→ looks like infection/inflammatory response.	
	→ From brain point of view — it is very severe. life threatening condition. Neurosurgeon opinion taken — Not advisable for BL Decompressive Craniectomy because of Diffuse edema, herniation, Coagulopathy	

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00660630 IP5-00175935
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/2026 10:50pm	COUNSELLING NOTES (ROOM NO 2) Parents have been Counselled about the clinical Condition of the baby :- 1) Initial Reports showing very high liver enzymes, Kidney Involvement, Brain Involvement & coagulopathy. 2) Explained about the very critical state of the baby like bleeding from any orifices. 3) Based on her neurological Condition, doing any further intervention will give very less chance of Survival. 4) As many organs in body require proper brain function, without brain proper function, Survival is very less likely in your child. 5) She is having multiorgan dysfunction at present requiring Inotropes and Blood products transfusion. 6) CT Films & severity in CT Scan explained to the parents. 7) After explaining the clinical Status, parents decided to take the Child home. S. Sandeep (father)	↓ Dr. Avinash ↓ Dr. pratyusha ↓ Dr Kartik Dr. pratyusha adv 1) FFP, Cryoprecipitate Stat. 2) Vit K 5mg OD. noted by staff

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCHBH /FRM / CLINICAL / 088

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 03/07/26 Day of Admission : D2 Today's Date & Time : 04/07/26

PRISM - III Score in first 24hrs. of Admission : ..... Today's SOFA Score : .....

OVERVIEW

Diagnosis : Acute febrile encephalopathy c sepsis c MODS

Current Issues : Encephalopathy.

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
B/L AE (+) minimal coarse crepitations (+)

CXR : .....

SPO_2 : 98% on FiO_2 - 40%. O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : D2 **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : .....
FiO_2 - 40%. PEEP - 5 RR - 30/min P Cabove PEEP - 13

Ventilatory Settings : Leak around ETT : Yes Delivered Vt : .....

ABG : (3/7) pH - 7.168, HCO_3 - 10.2 $EtCO_2$: PCO_2 - 22.4 PO_2 - 232 P/F ratio : ..... O.I. : .....

Chest Physiotherapy Plan : NIL Suctioning Needs : - NIL -

Any Nebs : - NIL - **ICD ?** ☐ Yes ☐ No, if Yes, details : .....

Plan of care : .....

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S_1S_2 (+) NIL Murmurs

Quality of Pulses : Good cap refill Time : < 3 seconds Liver Edge : ..... cm below Rt costal margin

Blood Pressures : NIBP : ..... IBP : 110/66 mmHg CVP : .....

Infusion of : ☐ Dopamine - mcg / kg / min - ☐ Dobutamine - mcg / kg / min

☐ Epinephrine 0.02 mcg / kg / min - ☐ Nor Epinephrine 0.02 mcg / kg / min

☐ Milrinone - mcg / kg / min

Any Other Infusions : -

Last 2D Echo Findings : .....

Size of the heart and lung fields in latest CXR : .....

Arterial line in situ : ☑ Yes ☐ No Place of art. line & its condition : (L) Radial.

Central line in situ : ☐ Yes ☑ No Place of central line & its condition : .....

Day of arterial line : D2 Day of Central line : -

Plan of Care : .....

CNS

Neuro Exam : E, V, T, M,

.....

Pupils : 4mm B/L Non Reactive Sedation Used ? ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☐ No

Types of Sedation : - Types of Paralysis : .....

Relevant CT Scan, MRI EEG, Neurosonogram etc. : B/L diffuse cerebral edema c tonsillar herniation

Plan of Care : .....

..... Ramsay Sedation Score : .....

FLUIDS STATUS NUTRITION AND G.I

☑ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : +651 / (+/-) — Input : .... ml/k/d UO : 1.4 ml/kg/hr Stools : Not passed.

NG output : — PO intake : ....

Feed Formula : .... Feed Schedule : ....

IV Fluids - Type of IVF : DNS @ 25 ml / hr (48% times maintenance)

TPN : ☐ Yes ☑ No - If yes, details : ....

.... % of Dext, Glu Inf Rate (mg/kg/min) .... Amino Acids (gm/kg/day) .... Lipids (gm/kg/day)

.... Cal/kg/d .... Nitrogen .... Trace elements & MVI

Labs : Na 148 K 3.4 Cl 122 Ca .... Mg .... P .... HCO3 .... Sr. Amylase : .... Sr. Lipase : ....

Latest LFT : (3/7) SGOT - 13434 SGPT - 5785 Bilirubin - 3.8

Abd Exam : .... INPUT - fluid - 600ml

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .... Medication 105

Plan (G.I. & Liver) : .... Infusions - 9.6 ml

.... 60% of Maintenance

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Sent ? ☑ Yes ☐ No - If yes, details : Blood c/s INJ AZITHROMYCIN - D2

Describe c/s Reports : .... INJ MEROPENEM - D2

Other Labs (Latex, Serology, etc) : .... SYP FLUVIR - D2

Ongoing Antibiotics : .... INJ ACYCLOVIR - D2

NEPHROLOGY ISSUES

Sr. Creat : 1.8 Bld. Urea : 59 Other Relevant Labs : ....

P.D. ☐ Yes ☑ No - If yes, details : ....

Diuretics : ☐ Yes ☑ No - If yes, details : ....

Catheterized : ☑ Yes ☐ No - If yes, then day of Catheter : ....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : ....

Plan of Care : ....

HEMATOLOGY

Relevant Labs (CBP etc) : ....

Any Coagulopathy : Yes PT/INR - 62/5.3 | → FFP/cryo ppt given

Relevant Transfusion History : APTT 113

Plan of Care : ....

CARE PROTOCOLS

VAP Bundle Used ? : ☑ Yes ☐ No ☐ NA

CRBSI Bundle Used ? : ☑ Yes ☐ No ☐ NA

CA - UTI Bundle Used ? : ☑ Yes ☐ No ☐ NA

Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA

If yes, then details : ....

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : Blood c/s

Pending Consultations : ☐ Yes ☑ No

If yes, then details : ....

FINAL COMMENTS

Trace Blood c/s

Doctor's Name (Handover given) : Jyoti

Signature : Dr. Jyoti

Date & Time : 04/07/18 10:00pm

Doctor's Name (Handover taken) : ....

Signature : ....

Date & Time : ....

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA (F)
16-09-2021 4 Y 9 M 18 D
Dr. SANDEEP REDDY

Bed - 8

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling Notes	
4/7/26 10 Am	PIEW:	Dr Ramesh K, Dr Sandeep.
	- Rapid deterioration in sensorium	
	- Scan showing severe swelling in all the brain structures	
	↓ Affecting vital functions due to herniation	
	- BP → low	
	- Trial of steroids, IVIg, Plasma exchange → possible, the extent of response is doubtful.	
	- Long adverse neuro developmental outcome	
	- Despite maximum efforts & all available treatment options → chance of unresponsiveness is very high.	
	- Rare chances of survival in these cases, even if the child survives possibility of high morbidity	
	- All vital functions being supported artificially.	

(Father)
S. Saikh

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 18 D (F)
Dr. SANDEEP REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/21 11:30c	C/S/B Dr. Sandeep.	
	~~A: Acute liver f~~	
	A: Acute febrile encephalopathy Sepsis / MODS / Severe Brainstem dysfunction.	Plan:
	Tonsillar hernia.	① Cont. neuroprotective measures.
	Issue: — Severe brainstem dysfunction.	② Cont. ventilation.
	MODS.	③ Cont antibiotics.
	Sepsis.	④ Counsel parents about poor prognosis.
	Shock.	
	Child on IMV: PC	⑤ Document EEG finding.
	FiO_2: 40%. PEEP: 5, PIP: 18.	
	SpO2: 97%. PR: 120/m	⑥ Cont Adrenaline to target MAP ≥ 73.
	RR: 30/m.	noted by Mother
	Chest: B/L clear	
	CVS: S1S2 C	
	CNS: GCS E1VTM,	
	Pupil: 3mm fixed NRTL.	
	Cough reflex: Absent.	
	Doll's reflex: absent.	

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Dr. SANDEEP REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Neuroteam	
4/7/26 1pm		Dr Vineet
	EEG:	
	- Diffusely suppressed background with no spontaneous activity.	
	- Bilateral amplitudes <10uV	
	- No electrographic reactivity to deep tactile stimulation.	
	Imp: Severe cerebral dysfunction.	
		Dr Vineet [signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00660630 IP5-00175935
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16-09-2021 4 Y 9 M 18 D (F)
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Bed - 8

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CROSS CONSULTATION FORM

Doctor Name: Dr. Ramesh Konanki Date: 03/07/2026 Time: 7:00pm

Diagnosis: Acute febrile Encephalopathy, MODS

Hospital: RCH Banjara hills

Referred for: ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral:
☐ Emergency
☑ Urgent
☐ Non Urgent

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Encephalopathy | Feature of Raised ICP
H/o status epilepticus.

Signature: c/s/b Ale

Findings and Recommendations: Thanks for Referral — Neurologist team

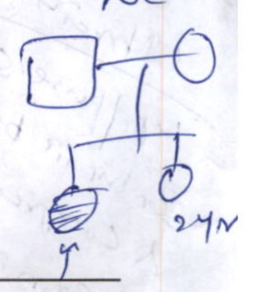
4yr/f.

h/o fever :- yesterday
Dull activity, excessive sleepiness :- yesterday morning
had intermittent posturing of both UL & LL c̄ UROE B
(multiple episodes) → ? Decerebrate posturing / seizures

In v/o poor sensorium & Raised ICP features
Child was intubated & MV.
before transporting → mild extensor response to pain.

yesterday Tr. AED, CT brain verbal report ⓝ

NCM



Consultant:

Name: Dr. Ramesh Konanki Signature: Date & Time: 3/7/26

Doc. No.: RCHBH/ FRM / CLINICAL / 049

@ admission RCH: severe Hypotension 50/20mmHg → req. 3 inotropic support

E1 V T M1 pupils — B/L 8mm dilated, not reacting to light

Dolls eye absent

cough reflex absent.

No flexion response to pain

No spontaneous breathing effort

HR & BP variations (+).

Brainstem Dysfunction (+)

(Rapidly)
Δ: Acute febrile Encephalopathy c̄ Raised ICP
c̄ Brain stem dysfunction
? Acute symptomatic seizures

Etiology: Infective / Inflammatory (? Influenza)
?? FES (AFCE) Brain stem edema

CT brain (8/7)
→ Diffuse supratentorial edema
Intrinsic brain stem edema
& compression c̄ early signs of
herniation of brainstem.

plan

① Paed. neurosurgeon review
↳ Dr Praneeth.

② C/t Antiedema measures

③ IVMP c̄ pulse dose

④ Antibiotics as advised, Antiviral

⑤ Fluvir ~~⑦ EEG~~

⑥ Consider PLEX.

(signature)

BAH-00447650 IP5-0017
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 1 D
Dr. Prashant Bachina

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CROSS CONSULTATION FORM

Doctor Name: Dr. Ramesh K Date: 4/7/26 Time: 10 AM

Diagnosis: Viral Encephalitis

Hospital: B. Reddy

Referred for: ☒ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☒ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Neuro surgery review

H/O fever, vomiting

Seizures

? viral encephalitis

E1 VT M1

Pupils - 3mm NRTL

no doll's reflex

Vitals - stable

on double inotropes

NCCT - Head

Diffuse cerebral edema ? Midbrain hypoxia/ Infarct

Adv

(1) No active NS

(2) poor/guarded prognosis

Consultant :

Name: Dr. Ramesh Signature: Date & Time: 4/7/2026

Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

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RESULT SHEET

3+2+3 / 13

Date	03/7/26					
Time	7:00pm					
Hb	10.0					
PCV	32.6					
RBC	4.10					
WBC	9,800					
N/L						
Platelets	24,000 ↓					
CRP						
ESR						
PCT						
RBS						
Na	148					
K	3.4					
Cl	122					
Ca/Mg	8.1					
Phosphate	8.5					
Urea	59					
Creatinine	1.8					
ALP						
SGPT	5785 ↑					
SGOT	13434 ↑					
T.Bill/Conj	3.8 | 3.0 ↑					
T.Protein	5.6					
S.Albumin	3.0					
S.Globulin	2.6					
A/G Ratio						
Uric Acid	10.8					
S.Amylase	197					
Sr.Lipase						
Blood Lactate						
S.Cholesterol	101					
PT/INR	82 | 5.3 ↑					
APTT	113					
CSF Protein / Sugar						
~~Cells~~ NH3	60					
~~N/L~~ Ferritin	983					

FFP, CryoPPT

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

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RESULT SHEET

Date	03/07/26 (8 AM)	03/07/26 1:30 PM				
Time						
Hb	~~9.5~~ 10.7	9.5				
PCV						
RBC						
WBC	10.50	9.50				
N/L	94/4.8	.				
Platelets	~~40000~~	23000				
CRP						
ESR						
PCT						
RBS						
Na	144					
K	6.0					
Cl	114					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP	181					
SGPT	4012					
SGOT	10352					
T.Bill/Conj	1.6/1.0					
T.Protein	4.5					
S.Albumin	3.4					
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	62.4					
APTT	74.8					
CSF Protein / Sugar	FFP					
Cells	Vitamin K					
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 18 D (F)
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30

Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 15 Ward ....

DRUG : INJ MEROPENEM				Date / Time	3/7	4/7
Dose	Route	Frequency	Start Dt.			
600mg	I/V	TID	03/07/26	6PM	X	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Jyoti				2PM	X	[signature]
Additional Instructions:				10PM	Bm dhr	
Daily Doctor's Endorsement by a Sign						

DRUG : SYP FLUVIR				Date / Time	3/7	4/7
Dose	Route	Frequency	Start Dt.			
2.5ml	P/O NG	BD	03/07/26	10AM	X	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Jyothi						
Additional Instructions: 5mg (1ml = 12mg)				10PM	Bm dhr	
Daily Doctor's Endorsement by a Sign						

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name .... Signature ....

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 15kg Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

VERIFIED BY : Name .... Signature ....

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Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
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DRUG CHART

Date of Admission: 03/07/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

[redacted]RSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : INJ PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
220mg	I/V	SOS	03/07/26	
Doctor's Signature		Valid Period	Pharm.	
JRoh				
Additional Instructions: If fever >100.4°F				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... nature .....

16-09-2021 ... SAANVIKA
4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

REGULAR PRESCRIPTIONS

Weight. 15 kg Ward. ....

DRUG : INJ CEFTRIAXONE				Date / Time
Dose	Route	Frequency	Start Date	
750mg	IV	BD	03/07/26	
Name & Signature of the Doctor Starting the Drugs: Dr Jyoti				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

(10)

DRUG : INJ AZITHROMYCIN				Date / Time	03/7
Dose	Route	Frequency	Start Date		
150 mg	IV	OD	03/07/26		
Name & Signature of the Doctor Starting the Drugs: Dr Jyoti				10pm	[signature]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

(60)

DRUG : INJ ACYCLOVIR				Date / Time	3/7	4/7
Dose	Route	Frequency	Start Date			
300mg	IV	TID	03/07/26	6pm	X	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr Jyoti				2pm	X	[signature]
Additional Instructions:				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

(3)

DRUG : INJ ESOMEPRAZOLE				Date / Time	3/7	4/7
Dose	Route	Frequency	Start Date			
15mg	IV	OD	03/07/26			
Name & Signature of the Doctor Starting the Drugs: Dr Jyoti				6am	10:30 [signature]	[signature]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
03/07/26	6:20pm	INJ METHYLPREDNISOLONE	450mg (over 15-30 mins)	I/V		
03/7/26	10:15pm	2 UNITS RDP	2 UNITS over 20 min	IV		
04/7/26	1 Am	2 UNITS CRYOPRECIPITATE	2 UNITS	IV		
04/7/26	1:15 Am	1 UNIT FFP	1 UNIT	IV		
04/7/26	3:00 Am	INJ. LASIX	5mg	IV		

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 18 D (F)
Dr. SANDEEP REDDY

I.V. FLUIDS CHART

Weight. 15kg Ward. .....

Date	Time	Composition of I.V. Fluid (... infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
04/04/26	8:00a	D N5	IV	25	[signature]	[signature]	4/4	[signature]	[signature]
04/04/26	8:00a	D + N5	IV	7.5ml	[signature]	[signature]	4/4	[signature]	

VERIFIED BY : Name ..... Signature .....

Patient Sticker

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

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(All th[...] belong to "High Risk / High Alert" medicines.
Pleas[...]on and respiratory depression while administering these drugs)

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

Patie[...] Age : .... Gender : ☐ Male ☑ Female

Weight : .... HID No. : .... Sheet No. : ....

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.
03/07/26	6:30pm	INJ MORPHINE	15mg in 50ml 5% Dextrose	1-8 ml/hr (20-60mcg/kg/hr)	Jyoti	Jyoti	[illegible]	7/7	[illegible]	[illegible]

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)
NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)
Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)
Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)
Dexmedetomedine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr
Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)
Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg) 0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)
Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

Docu.No: RCHBH /FRM / CLINICAL / 154

IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension any ... status of skin at IV site and color and perfusion of the fingers and toes while administering these drugs)

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BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

Pat ..... Age : 4yrs 9 months Gender : ☐ Male ☑ Female

We ... UHID No. : BAH-00660630 Sheet No. : .....

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.
03/07/26	5:20pm	INJ NORADRENALINE	4.5mg in 50ml 5% Dextrose	1-5ml/hr (0.1-0.5 mcg/kg/min)	Tyoto	[illegible]	[illegible]	n/x	[illegible]	[illegible]
03/07/26	5:20pm	INJ ADRENALINE	4.5mg in 50ml 5% Dextrose	1-5ml/hr (0.1-0.5 mcg/kg/min)	Tyoto	[illegible]	[illegible]	n/x	[illegible]	[illegible]

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml.hr - 0.1-0.5mcg/kg/min

Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25 – 3mg/kg/hr)

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 03/07/26 @5pm

Source of Admission: ☐ OPD ☐ Ward ☑ Other: ....

Reason for Admission: fever, seizures

Admission Diagnosis: Acute Febrile encephalopathy

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: ....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify ....

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes, identify ....

Source of Information: ☑ Family ☐ Patient ☐ Others, Specify ....

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	No past medical History	No past surgical History	Last Hospital Admission safe - kids
	Family History:		
	Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No If yes please list, ... Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .... Are the child's immunization up to date? ☑ Yes ☐ No		
CURRENT MEDICATIONS	Taking Medications? ☑ Yes ☐ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☑ No		

Observations: Weight: 15kg's Length: .... Head Circumference (< 2 years): ....

Temp.: 98.4°f HR: 139 RR: 30 b/m BP: 113/60 mmhg

Pain Score: 0/10 Specify Site: - (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 17 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 11) (Document in the Braden Q Assessment Sheet)

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

Behavioural Status on Admission :

☑ Sleeping ☐ Crying ☐ Calm ☐ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With ..... family .....

Siblings in household ☑ Yes ☐ No (if yes How Many?) ..... 01 .....

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify .....

Name of Person Orientation was given to: .....

Orientation not given Reason: .....

Nurse Name: Jyothi Nurse Signature : .....

Date & Time: 5:10 PM @ 03/07/26

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☑ No

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

Any other needs anticipated: ☐ Yes ☑ No If Yes Specify .....

Discharge Medications: ☐ Yes ☑ No

Details: .....

Final Diagnosis: .....

Nurse Name: Jyothi Nurse Signature : .....

Date & Time: 03/07/26 @ 5:15PM

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 03/07/26	Diagnosis : Acute Febrile Encephalitis			Surgery / Procedures : —		
	Allergies : NO				Post OP Day : —		
	Date :	03/07	08/07				
	Area / Shift Time	PICU / DAY	PICU / night				
	Diet :	NPO	NPO				
	Ventilation (RA, NP, NIV, VENTI)	Venti	Venti				
INVASIVE LINES	1.	cannula	cannula (2)				
	2.	(3)	Arterial line				
	3.	Arterial					
	4.	line (1)					
ASSESSMENT	Infusions / Transfusions	DNS	DNS				
		Adrenaline	morphine				
		Nor-adrenaline	Inj NS				
		ABP F/US					
	PU Prophylaxis	NA	NA				
	DVT Prophylaxis	Air bed	Air bed				
	Vitals — BP	103/59	126/58				
	Vitals — PR	142 bpm	139 bpm				
	Vitals — RR	30 bpm	30 bpm				
	Vitals — SpO_2	100 %	100 %				
	Vitals — Temp	98.4°F	98.6°F				
	Pain Score	0/10	0/10				
	LOC (Alert, Conscious, Confusion, Unconscious)	unconscious	un-conscious				
	Skin Integrity (Intact / Bedsore / Any other condition	Intact	Intact				
	Restraints If any — Physical	NA	NA				
	Restraints If any — Chemical	NA	morphine				
	Fall Risk (Vulnerable (Y/N) if yes score	YES	Yes				
	(Ambulation, walking, moving with assistance, bed ridden)	Bed ridden	Bed Ridden				
	ADL (Dependent / Non-Dependent)	Dependent	Dependent				
	Critical Lab Test / Values (if any)	Nil	Nil				

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	03/07	3/07				
		Area / Shift Time	PRU Day	PRU Night				
		Ordered / Planned	followed doctor order	Followed doctor order				
		Due	No due	No due				
		Reports Pending	No Reports Pending	No Reports Pending Pls				
		Referrals (If any)	No Referrals	No Refferal				
	Remarks (Special Interventions like, Drainage Tube flushing etc.)		No Remarks	No Remarks				
Handed Over By Name :			[illegible]	Buddhadev				
Signature :			[illegible]	[illegible]				
Date :			03/07	04/07				
Time :			8 PM.	8 AM				
Taken Over By Name :			Buddhadev	Manjula				
Signature :			[illegible]	[illegible]				
Date :			3/7	4/7				
Time :			8PM	8AM				

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

Name: ..... Age: 5y Gender: Male ☐ Female ☑

UHID.N ..... Date: 3/7/26

I ..... S/o, D/o, W/o, ... hereby declare that our patient ~~Master~~/Baby saanvika who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 03/07/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

Encephalopathy, Hypotension

The doctors have clearly explained to me that my patient ~~Master~~ / Baby saanvika during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed \upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child ~~Master~~ / Baby : saanvika ..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: .....

Name: Nithin

Relationship with Patient: Mama (uncle)

Date & Time: 03/07/26 @ 5:05 PM

Witness :

Signature: .....

Name: Mahi

Date & Time: 03/07/26 @ 5:05 PM

Doctor (who is taking the consent) :

Signature: Jyoti

Name: Dr Jyoti

Date & Time: 03/07/26 5:05pm

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐ స్త్రీ

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్

తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR BLOOD TRANSFUSION

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

Name: ..... Age: ..... Gender: Male ☐ Female ☐

UHID.No : .... Date: 03/07/2026

Type of Blood Product:

- ☑ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☑ Random Donor Platelets
- ☑ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

Nil

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: .....

Date & Time .....

Doctor (Who is talking the consent)

Signature: .....

Name: .....

Date & Time .....

Witness

Signature: .....

Name: .....

Date & Time .....

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబ ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 18 D (F)
Dr. SANDEEP REDDY

FFP & cPRP

Rainbow® Children's Hospital
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175935 **Admit Date** : 03-Jul-2026 **Admit Time** : 05:11 PM **UHID** : BAH-00660630

Patient Details :

Patient Name	: Baby SAMBARAPU SAANVIKA	**Age**	: 4 Y 9 M 17 D
Guardian	: Mr SAMBARAPU SAI BABA	**DOB**	: 16-09-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 13-6-747/1/1, KRANTHI BHAVAN, ASIF NAGAR Karwan Hyderabad Telangana INDIA 500006	**Phone No**	: 9948167148/ 9515241480
		E-mail	: SAMBARAPU.SAIBABA@GMAIL.COM

Admission Details :

Bed Type : PICU **Bed No** : PICU 213 **Ward Name** : 2F-PICU I

Room No : PICU 213 **Admission Type** : First Visit

Contact Details :

Name : Mr SAMBARAPU SAI BABA **Relationship** : Father

Contact Address : H NO 13-6-747/1/1, KRANTHI BHAVAN, ASIF NAGAR Karwan Hyderabad Telangana INDIA 500006 **Phone No** : 9948167148

S.S.bb
Signature

Doctor Details :

Doctor Name	: Dr. SANDEEP REDDY	**Specialisation**	: PEDIATRIC INTENSIVE CARE
Referral Doctor	: Dr Baswaraj T	**Phone No**	: 9440120081
Co-Consultant	: Dr. SHAIKH FARHAN A RASHID		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: Paramount Health ServicesInsurance TPA Pvt Ltd

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

CRYOPRECIPITATE AHF I.P.

Qty. 20 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./ SAGM Solution.

A

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-00395
Blood Group: A Rh Positive
Collection Date: 19/Feb/2026
Expiry Date: 19/Feb/2027

1) Administer Without Warming. 2) Shake Gen[illegible]fore Use. 3) Do Not Add Any Medication.4) Check Blood Group [illegible] & Recipient's Group and Name Before Administration. [illegible] Sterile Transfusion Set With Filter. 6) Do Not Dispense Without [illegible] Not Use if Ther[illegible] w. 9) Resi[illegible] idual Plas[illegible] Betw[illegible] ater Bath

Issue Label / CrossMatching Report
Patient : **Baby SAMBARAPU SAANVIKA .**
Patient's Blood Group :A Rh Negative
Hosp/Dr :Rainbow Childrens Hospital,Sandeep Reddy
UHID No.: BAH-00660630 Wd-Bed No.:
Product : CRYO
Blood Group : A Rh Positive
Unit No.:**BAH26-00395** Issue Dt : 03/Jul/2026
XMatching Report:Group Specific Colln. Dt :19/Feb/2026
X-matched by: B.Abhishek Exp. Dt :19/Feb/2027
Issued By : B.Abhishek
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st flo[illegible], Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyde[illegible]ad, Telangana State
Lic.No. 46/H[illegible]S/2018/BB/G

CRYOPRECIP[illegible]ATE AHF I.P.

Qty. 20 ml. Prepared from Whole human b[illegible]od collected in 49 ml. of C.P.D./ SAGM Solution.

A

HIV [illegible] & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-00399
Blood Group: A Rh Positive
Collection Date: 21/Feb/2026
Expiry Date: 21/Feb/2027

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication.4) Check Blood Group on Label & Recipient's Gro[illegible] usion Wit[illegible] t Use if The[illegible] w. 9) Res[illegible] idual Plas[illegible] Betv[illegible] ater Bath

Issue Label / CrossMatching Report
Patient : **Baby SAMBARAPU SAANVIKA .**
Patient's Blood Group :A Rh Negative
Hosp/Dr :Rainbow Childrens Hospital,Sandeep Reddy
UHID No.: BAH-00660630 Wd-Bed No.:
Product : CRYO
Blood Group : A Rh Positive
Unit No.:**BAH26-00399** Issue Dt : 03/Jul/2026
XMatching Report:Group Specific Colln. Dt :21/Feb/2026
X-matched by: B.Abhishek Exp. Dt :21/Feb/2027
Issued By : B.Abhishek
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

Rainbow Hospital Blood Centre, Rainbow Childrens H[illegible]
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, R[illegible]
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

FRESH FROZEN PLASMA B.P

Qty. 160 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./ SAGM Solution.

A

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-01377
Blood Group: A Rh Positive
Collection Date: 09/Jun/2026
Expiry Date: 09/Jun/2027

1)administer Without Warming. 2)shake Gently Before Use.3)do Not Add [illegible] Grou[illegible] With[illegible] n Set Ther[illegible] se if 9)res[illegible] Plasr[illegible] sidual Betw[illegible] er Bath

Issue Label / CrossMatching Report
Patient : **Baby SAMBARAPU SAANVIKA .**
Patient's Blood Group :A Rh Negative
Hosp/Dr :Rainbow Childrens Hospital,Sandeep Reddy
UHID No.: BAH-00660630 Wd-Bed No.:
Product : FFP
Blood Group : A Rh Positive
Unit No.:**BAH26-01377** Issue Dt : 03/Jul/2026
XMatching Report:ABO Compatible Colln. Dt :09/Jun/2026
X-matched by: B.Abhishek Exp. Dt :09/Jun/2027
Issued By : B.Abhishek
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

B8

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ACTIVITY RECORD FOR BILLING

Name : _____

BAH-00660630 IP5-001759
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

UHID No. : _____ IP No : _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Ramesh Kenkeri	4/7/26	9687770	
2	Dr. Pramodh. K	4/7/26	9687798	
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7	Arterial line	1		
	IVL Placement		9686102	
	ET Intubation			
	foly's catheter	1	outside	
3/7/26.	Blood transfusion	1.	9686791	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

RDP

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 03/07/2026 Time: 10:20PM

Blood Group of the Patient: A-ve Blood Group on the Blood Bag: A +ve

Blood Bank Issue No: BAH24-01544 Date of Collection: 29/06/2026 Date of Expiry: 03/07/26

Date & Time of Starting Transfusion: 03/07/26 @ Planned duration of Transfusion: 30 min

Check for Correct Unit: ☑ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Buddhadev Nurse 2: D. Anubha

Before starting transfusion vitals: Temp: 98.6°F HR 142bpm RR: 30bpm BP: 125/75 SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
3/7/26	15 Min	142bpm	98.6°F	125/75	100%	-	-	-	-
	15 Min	140bpm	98.6°F	126/74	100%	-	-	-	-
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No complications during transfusion

Name of the Incharge-Nurse: Bijli Name of the Nurse: Buddhadev

Signature of the Incharge-Nurse: Bijli Signature of the Nurse: Buddhadev

Date & Time: 9/2 am Date & Time: 03/07/2026 @ 11PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./ SAGM Solution.

A	**HIV I & II/ HBsAG/ HCV - Non reactive** **VDRL - Non reactive** **MP - Negative** **NAT(HIV I & II/ HBsAG/ HCV)- Non reactive**
	Unit No.: BAH26-01544 **Blood Group: A Rh Positive** **Collection Date: 28/Jun/2026** **Expiry Date: 03/Jul/2026**

1. Do Not Dispence Without Prescription. 2. Check Blood Group On **Label & Recipient'S Group And Name Before Administration. 3. Shake** Gen[illegible] Afte[illegible] Medication. 5. Use Immediately Ther[illegible] Do Not Use If Clot[illegible] s Gen[illegible] C With 9. A[illegible]

Issue Label / CrossMatching Report

Patient : **Baby SAMBARAPU SAANVIKA .**
Patient's Blood Group :A Rh Negative
Hosp/Dr :Rainbow Childrens Hospital,Sandeep Reddy
UHID No.: BAH-00660630 Wd-Bed No.:

Product : RDP

Blood Group : A Rh Positive	Issue Dt : 03/Jul/2026
Unit No.:**BAH26-01544**	Colln. Dt :28/Jun/2026
XMatching Report:Group Specific	Exp. Dt :03/Jul/2026
X-matched by: B.Abhishek	Issued By : B.Abhishek

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELET CONCENTRATE I.P.

Qty. 80 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

A	**HIV I & II/ HBsAG/ HCV - Non reactive** **VDRL - Non reactive** **MP - Negative** **NAT(HIV I & II/ HBsAG/ HCV)- Non reactive**
	Unit No.: BAH26-01552 **Blood Group: A Rh Positive** **Collection Date: 29/Jun/2026** **Expiry Date: 04/Jul/2026**

1. Do Not Dispence Without Prescription. 2. Check Blood Group O **Label & Recipient'S Group And Name Before Administration. 3. Shake** Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If There Is Any Visible Evidence Of Deterioration Like Haemolysis Clotting Or Discoloration. 8. Store Continuously At 22° C - 24° C With Gentle Agitation.Or Below.
9. Ad[illegible]

Issue Label / CrossMatching Report

Patient : **Baby SAMBARAPU SAANVIKA .**
Patient's Blood Group :A Rh Negative
Hosp/Dr :Rainbow Childrens Hospital,Sandeep Reddy
UHID No.: BAH-00660630 Wd-Bed No.:

Product : RDP

Blood Group : A Rh Positive	Issue Dt : 03/Jul/2026
Unit No.:**BAH26-01552**	Colln. Dt :29/Jun/2026
XMatching Report:Group Specific	Exp. Dt :04/Jul/2026
X-matched by: B.Abhishek	Issued By : B.Abhishek

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CONSENT FOR SPECIAL PROCEDURES

Rainbow® Children's Hospital
It takes a lot to treat the little.

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BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

Patie..... Gender: ☐ Male ☑ Female

UHID .... Department : PICU Date : 03/07/26

I ..... S / D / W / O .....

Here by give consent for procedure of : Arterial line

For my patient, Named : Saanvika

The doctors have clearly explained to me that the procedure has following possible complications:

Thrombosis, infection, Bleeding

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

— Nil —

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Vanishi

Patient Attendant :

Signature : .....

Name : Nithin

Relationship with Patient: Mama (Uncle)

Date & Time : 03/07/26 @ 5:15PM

Witness :

Signature : .....

Name : Jyothi

Date & Time : 03/07/26 @ 5:15PM

Doctor (who is taking the consent) :

Signature : Jyothi

Name : Dr Jyothi

Date & Time : 03/07/26 5:15pm.

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA
16-09-2021 4 Y 9 M 17 D (F)
Dr. SANDEEP REDDY

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PATIENT ASSESSMENT ON RESTRAINT

Doctor Ordered : ☑ Yes ☐ No

Consent Obtained : ☑ Yes ☐ No

Nursing Incharge Notified : .....

Type of Restraint : ☐ Physical ☑ Chemical

Drug Name: Morphine Dose: 1.5 mg

PATIENT RISK FACTORS: (to be filled by Doctor)

Indicate any that could possibly make the patient a higher risk during seclusion / restraints notify the physician:

Heart Problems : .....

Others : .....

.....

Respiratory Problems : .....

Others : .....

.....

Other Medical Problems : .....

'Others : .....

.....

Psychological Risk Factors : .....

Comments : .....

Patient Behaviour : .....

Reasons explained to patient \ Attender : .....

Comments : .....

Less Restrictive Measure : .....

Reason for Discontinuation : .....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

Restraint Monitoring (to be filled by Nurse)

Parameters	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time
	03/7 8PM	4/7 6Pm				
Pulse	141	132bm				
Respiration	30 bm.	30 bm				
Circulation						
Patient Response						
Calm	4es	✓				
Sleeping	4es	✓				
Unaware						
Restless						
Skin						
Redness	NO	NO				
Swelling at Restrained Area	NO	NO				
Need for Continuous Restraint	4es					
Yes	4es					
No						
Restraint Released Time	continue	continue				
Restraint Re-applied Time	continue	continue				
Restraint Discontinued Time	continue	continue				

Signature of the Nurse: .....

Name of the Nurse: Jyoti.....

Date & Time: 03/07/26 @ 8Pm.....

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CONSENT FORM FOR RESTRAINT

BAH-00660630 IP5-00175935
Baby SAMBARAPU SAANVIKA (F)
16-09-2021 4 Y 9 M 17 D
Dr. SANDEEP REDDY

Pat .... UHID No : ....

Gen .... Date of Restraint : .... Time of Restraint : ....

Type of Restraint:

Physical : ....

Chemical : morphine

Duration of Restraint : ....

Any likely complications: ☑ Hypotension ☑ Bradycardia ☐ Injury to skin

Any alternatives: ☐ Yes ☐ No if 'Yes' Specify: ....

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : [signature]

Name : Sambhaniya

Relationship with Patient: father

Date & Time : 4/7/26 @ 6pm

Witness :

Signature : [signature]

Name : Baddavase

Address : ....

....

Contact No: ....

Date & Time: 4/7/26 @ 6pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Jayalni

Date & Time : 4/7/26 @ 5:15 pm

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నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు ..... యు.హెచ్.ఐ.డి .....

వయస్సు ..... లింగం పు స్త్రీ నియంత్రణ సమయం ..... నియంత్రణ రకం: .....

నియంత్రణ రకాలు:

భౌతిక .....

రసాయన .....

నియంత్రణ యొక్క వ్యవధి .....

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....